

BEFORE THE  
DEPARTMENT OF CONSUMER AFFAIRS  
BOARD OF REGISTERED NURSING  
STATE OF CALIFORNIA

In the Matter of:

BRENDA J. STAGG

Respondent.

OAH No. 2008020639

**DECISION**

The attached Proposed Decision of the Administrative Law Judge is hereby adopted by the Board of Registered Nursing as its Decision in the above-entitled matter.

This Decision shall become effective on March 4, 2009.

IT IS SO ORDERED this 2<sup>nd</sup> day of February, 2009

*LaTranene W Tate*

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BEFORE THE  
BOARD OF REGISTERED NURSING  
DEPARTMENT OF CONSUMER AFFAIRS  
STATE OF CALIFORNIA

In the Matter of the Accusation and Petition  
Pursuant to Business and Professions Code  
Section 820 Against:

BRENDA J. STAGG,  
a.k.a. BRENDA JOYCE STAGG,  
a.k.a. BRENDA JOYCE,  
a.k.a. BRENDA JOYCE GEORGE  
Sacramento, California 95827

Registered Nurse License No. 312354

Respondent.

Case No. 2008-143

OAH No. 2008020639

**PROPOSED DECISION**

Administrative Law Judge Stephen J. Smith, Office of Administrative Hearings, State of California heard this matter in Sacramento, California on September 8, 9, 10, 11 and 12, 2008.

Leslie A. Burgermyer, Deputy Attorney General, Department of Justice, represented the Board of Registered Nurses, Department of Consumer Affairs.

Brenda J. Stagg appeared in pro per.

The record was closed and the matter was submitted on September 12, 2008.

**FACTUAL FINDINGS**

1. Ruth Ann Terry, M.P.H., R.N., made the allegations contained in the Accusation in her official capacity only as Executive Officer of the Board of Registered Nursing (the Board), Department of Consumer Affairs, State of California. The Board has jurisdiction to suspend, revoke or impose conditions on any holder of a license to practice as

a registered nurse in the State of California, provided cause is proved for such action by clear and convincing evidence.<sup>1</sup>

2. The Board's official records, as of August 29, 2008, show that the Board issued Registered Nurse (RN) License number 31235 to Brenda J. Stagg on February 29, 1980. Respondent's Board license history also shows holds license number 69141, issued by the State of Wisconsin. Respondent's California license is in full force and effect and is renewed through April 30, 2009. There is no history of disciplinary action by the Board against respondent.

3. Ms. Terry also made the allegations contained in the Petition for an Order to Compel Psychiatric Examination (Petition) in her official capacity only. The Petition was made on November 21, 2006. The Petition was filed with the Board, seeking an Order to compel respondent to submit to a psychiatric examination to evaluate her competence relative to her ability to continue to practice registered nursing safely.<sup>2</sup>

4. The Board issued an Order in response to the Petition on November 26, 2006. The Order required respondent to "submit to an examination to be conducted by a physician and surgeon specializing in psychiatry, or by a psychologist selected by the Board, or its designee, to determine whether she is mentally ill and/or physically ill to such an extent as to affect her ability to safely practice registered nursing." The Order required respondent to be examined within 30 days of the issuance of the Order. The Order was duly served on respondent. There was no dispute that respondent timely complied with the Order. She submitted to a psychiatric evaluation conducted by Charles Schaffer, M.D., a psychiatrist, on February 22, 2007.

#### *Disciplinary Action by Mercy San Juan Medical Center*

5. Respondent became employed as a registered nurse at Mercy San Juan Medical Center Hospital (MSJMC) on a date not clear in 1980. She served very successfully as a nurse in the Medical-Surgical and Trauma Care Unit (Med-Surg Unit). She received excellent evaluations for her work and was considered well trained and competent. She was one of the best educated and trained nurses in the unit, having received her Bachelor of Science in Nursing (BSN) from Northern Illinois University, and three years of training as a staff nurse at the Mt. Sinai Hospital, Milwaukee, Wisconsin.

6. Respondent transferred from the MSJMC medical surgical unit to the Ambulatory Outpatient Unit (AOU) in September 2002. This unit cares for patients preoperatively, during, and postoperatively, when they are having outpatient surgical and endoscopic procedures. Respondent's move was necessitated by a work-related injury to her neck she received when trying to move a 400 pound surgical patient while working in the

<sup>1</sup> Business and Professions Code section 2750, *Ettinger v. Board of Medical Quality Assurance* (1982) 135 Cal.App.3d 853.

<sup>2</sup> Business and Professions Code section 820.

Med-Surg Unit. After the injury, she found she was no longer able to tolerate the physical demands of the Med-Surg Unit work. She then requested and received the transfer to the AOU.

Respondent began to have work performance problems within several months of her assignment to the AOU. She experienced a series of progressive disciplinary actions by her charge nurse and Director of Nursing at Mercy San Juan Hospital. These actions were as follows:

- a. Respondent received a Verbal Counseling from her charge nurse on May 30, 2003 for an incident that occurred on May 23, 2003. Respondent was assigned to care for a post-colonoscopy patient. Her care was found to be inattentive considering the patient's condition. She was also found to have misread a change in the patient's vital signs and condition.
- b. Respondent received a Verbal Counseling on June 30, 2003, for another incident that occurred on June 27, 2003. She was counseled for poor judgment in caring for a patient and poor teamwork with other staff.
- c. Respondent received another Verbal Counseling on November 21, 2003, for an incident that occurred on the same day. Respondent engaged in an inappropriate conversation that involved disobeying a physician's directions in the course of caring for a patient.
- d. Respondent received another Verbal Counseling on January 14, 2004, for an incident that took place on January 8, 2004. Respondent received the counseling for failure to properly and timely admit gastrointestinal patients. She was also admonished for her indifference when the problem was discussed with her.
- e. Respondent was written up by her charge nurse for a Performance Issue on March 19, 2004 for an incident that occurred earlier the same day. The incident involved a quality of care issue with a patient. She was also admonished for her apparent failure to grasp the seriousness of the potential patient safety problem.
- f. Respondent received an Employee Warning on March 18, 2004 for a patient care incident that occurred on March 5, 2004. Respondent was admonished for inappropriate and improper patient care, unsatisfactory performance of her nursing duties in caring for a bone marrow aspiration patient and failure to follow the MSJMC's AOU Procedural Sedation Protocol, which raised a serious patient safety concern due to the nature of the procedure and the condition of the patient.
- g. On April 14, 2004, a meeting with MSJMC Human Resources was convened with respondent to look into patient care problems during the previous three weeks. The meeting explored four patient care/professional judgment lapses, and other teamwork related problems. An Investigative Meeting was convened with respondent and her supervisors on

May 27, 2004. Patient care deviations with three patients were explored with respondent, including performing a timely pain level assessment, return of an endoscopy patient to the unit, and mislabeling of patient specimens. A Performance Improvement Plan was drafted and implemented as a result of that meeting.

h. Respondent received an Employee Suspension on June 3, 2004. Respondent's patient care performance had not improved since the Employee Warning and Performance Improvement Plan. Respondent was suspended for three days without pay for improper patient care, unsatisfactory performance of duties and failure to follow proper or legitimate working instructions. The Suspension specifically cited respondent's failure to follow the MSJMC's Acute Pain Management Protocols, Procedural Sedation Protocols, Patient Identification Policy and Clinical Laboratory handling Policy in assessing, intervening and managing specific patients' care.

i. Respondent was informed on July 21, 2004, in a Review of Performance Improvement Plan, that her patient care was still beneath MSJMC's standards, and that specific errors in patient care were still being documented.

j. Respondent received another Employee Suspension on August 12, 2004. She was suspended for five days without pay effective August 13, 2004. Respondent was suspended for unsatisfactory performance of duties, inappropriate conduct creating disharmony in the workplace and abusive or discourteous language or behavior.

k. Respondent's Performance Improvement Plan was extended for 30 additional days on September 29, 2004.

l. An Investigative Meeting to monitor compliance with the Performance Improvement Plan was convened with respondent and her supervisors on October 21, 2004. Clinical and technical skills deficiencies, prioritizing and problem solving deficiencies in patient care, and communication and cooperation with other staff deficiencies were discussed. Respondent was advised that her performance was unsatisfactory and she was not in compliance with the Performance Improvement Plan. She was also advised she was now facing termination if her performance and especially patient care did not markedly improve. Respondent complained that she felt she was being micromanaged, and that she was being singled out for more intensive scrutiny than others in her workplace. Respondent was asked what she intended to do to improve her performance. She replied that she was doing the best she could. She did not request any supports or assistance with personal, health or professional skills issues.

m. Respondent's workplace performance did not improve. Respondent was terminated from her employment at MSJH on October 27, 2004. The causes for her termination were set forth in a memorandum of the same day written by her Manager of Surgical Outpatient Services. The memorandum cited the following causes for her dismissal:

1. Improper patient care;
2. Unsatisfactory performance of duties; and
3. Inappropriate conduct causing disharmony in the workplace.

The memorandum cited continued failure to provide proper patient care, and failure to improve performance and patient care, despite warnings, meetings, mentoring and a performance improvement plan.

8. Respondent's Outpatient Surgical Services Manager at MSJMC filed a written complaint with the Board on November 8, 2004, following the termination. The complaint was filed due to respondent's failure to properly care for some of her patients and failure to carry out her usual and customary duties as a registered nurse at MSJMC in the Ambulatory Care Unit. Specific failures were noted as follows:

- a. Failure to obtain vital signs on a pre-sedation patient;
- b. Lack of monitoring on a procedural sedation patient during a procedure;
- c. Assisting with procedures on patients without valid orders and/or valid consent;
- d. Failed to respond to a patient with a newly reported pain level of 10 (when initial assessment was 0) and then transferred the patient without any intervention;
- e. Failed to assess post procedure patients; and
- f. Making unprofessional comments and engaging in unprofessional behavior in front of patients.

The report to the Board by the MSJMC triggered the investigation and the Section 820 Petition filed with the Board, and ultimately this action.

Respondent has not worked as a registered nurse since her termination in October 2004.

#### *The Section 820 Evaluation*

9. Pursuant to and in compliance with the Board's section 820 Order, respondent presented herself for a psychiatric evaluation to Charles Schaffer, M.D., between February 22, 2007 (interview with Dr. Schaffer) and February 26, 2007 (psychological testing). Dr. Schaffer's charge from the Board was "to determine if she (respondent) is mentally ill to the extent that her condition affects her ability to safely practice registered nursing."

10. Dr. Shaffer wrote a 19 page report detailing his findings, conclusions and the bases for his opinions dated March 27, 2007. He testified in support of his opinions and explained in additional detail the foundational underpinnings of his opinions at the evidentiary hearing.

11. Dr. Shaffer concluded that respondent “has a chronic and severe psychiatric disorder.” He concluded the “most likely” diagnosis in Schizoaffective Disorder, Bipolar Type. He noted that the hallmark symptoms of this disorder are delusions (somatic, bizarre, paranoid and grandiose), thought disorganization, disturbance of mood, pressured speech, lack of insight and impaired judgment. He also opined that other diagnoses were possible but not as likely. These included Bipolar I Disorder with Psychotic Features and Schizophrenia, Paranoid Type.

12. Dr. Shaffer further concluded that the symptoms of respondent’s psychiatric disorder are not under adequate control because respondent refuses to take appropriate medications for her disorder as ordered by her personal psychiatrist. He found no evidence of any alcohol or drug dependency, and no evidence of a sociopathic personality.

13. Dr. Shaffer concluded that as of the date of his report, March 2007, respondent was unable to safely practice as a registered nurse due to the symptoms of her psychiatric disorder. He found her prognosis was poor, and would remain so, as long as she continued to refuse to take medication to treat her psychiatric disorder. He opined that she should not be permitted to return to the active practice of nursing until such time as she is receiving appropriate medication treatment for her psychiatric disorder, administered and monitored by a qualified psychiatrist, and that the treating psychiatrist should be required to certify in writing that respondent is receiving medication treatment and is having a satisfactory response to treatment before she should be permitted to return to the active practice of nursing. He recommended that if she did receive appropriate treatment from a qualified psychiatrist, and responded favorably to the medication and treatment, she should only be returned to active nursing practice under a minimum of a three year probationary period. During this recommended probationary period, Dr. Shaffer recommended the treating psychiatrist should confirm in writing to the Board that he or she is actively monitoring respondent’s continuing compliance with treatment and her responses. He also recommended that respondent’s workplace supervisor(s) should be required to monitor respondent’s work performance and behavior, and report to the Board in writing periodically.

14. Dr. Shaffer relied upon an extensive in-office interview and psychological testing<sup>3</sup>, as well as review of external documents furnished to him. Most important of these external documents were recent psychiatric treatment of respondent at Kaiser Permanente Medical Services, particularly that of Dr. Ware, respondent’s treating psychiatrist.

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<sup>3</sup> Respondent was given the Minnesota Multiphasic Personality Inventory-II (MMPI-II) and Million Multiaxial Personality Inventory-II (MCMI-II).

15. Respondent provided Dr. Shaffer a current history of her work and ultimate termination from MSJMC. Respondent told Dr. Shaffer she believed she was terminated from MSJMC because the managers of the nursing department did not like her because they felt “threatened” by her. She expressed her opinion that the nursing management did not like her level of performance because they were trying to lower the standard of care so they could bring less qualified nursing staff in who would work for less money. She described herself as a “thorn in their side” because she refused to lower her standards of care. She described herself as a “headache” to MSJMC nursing management.

16. Respondent mentioned that she was experiencing some medical problems at the time she began to experience workplace problems. She observed that she “was doing the best she could” in light of these medical problems. When asked what these medical problems were, she told Dr. Shaffer “they were poisoning her.” She claimed that one of her coworkers or a manager put something in her food when she was working with patients. She did not claim to have witnessed the act of poisoning, but did claim she experienced the aftereffects and was convinced she had been poisoned. She claimed to have experienced several physical symptoms of poisoning, including diaphoresis, dry skin, alopecia, exhaustion, faintness and difficulty functioning. She claimed to have been required to visit the Emergency Room frequently due to these symptoms. Later in the interview, respondent claimed that a coworker, another nurse, Ms. O’Flynn, and two members of nursing management, Ms. Clements and Ms. Meleis, were trying to poison her with arsenic and mercury. She suspected that the motive for the attempts to poison her were racial. She explained that she thought the efforts were racially motivated due to a previous incident at work where a nurse manager strangled another black nurse. Respondent said the nurse manager was fired due to the incident, but nursing staff protested the firing. Respondent said she replaced the manager who was fired due to the strangling incident. She said she thought the nursing staff wanted the fired manager back.

17. Respondent was asked directly why she thought she had been fired. Respondent replied there were three reasons she was fired. One was improper care of patients, and the other reasons were “bogus.” She claimed to have been doing the best she could at the time she was fired. When pressed about whether she thought the motive for her firing was racial, she replied she did not really know.

18. Respondent described becoming “a little bit paranoid” at the time she was terminated, as well as becoming physically ill. She told Dr. Shaffer that she suspected others were putting poison in her food which was causing her to become ill. She mentioned that some of the doctors in the hospital supported her suspicions, and one even told her to “be careful.” She denied that she was experiencing any other psychiatric symptoms at the time she was terminated.

19. Respondent told Dr. Shaffer during his clinical interview that she continues to experience “some paranoia.” She offered examples, such as telling Dr. Shaffer that her house is under electronic surveillance, that people avoid her in stores and public places, that birds start chirping when she passes, that she has some sort of sensor implanted in her that



causes alarms in stores to go off, that children run from her in public, people laugh at her, and that foreigners point at her in a derogatory way. Dr. Shaffer pointed out these reports were indicative of psychosis.

20. Respondent described medical treatment for hypertension, hypothyroid, headaches, and some symptoms of hypomania, including some sleep disturbance, distractibility, and excess energy. Respondent reported she quit taking her blood pressure medication in 2006 because she felt the medication made her sick and her blood pressure still went up. She described irradiation treatment for her thyroid condition in 2003. She takes thyroid medication to control the condition, but her thyroid level is still low at the time of her examination. She reported starting to experience headaches after her thyroid irradiation treatment and when her blood pressure started to go up in 2003. She told Dr. Shaffer she had been diagnosed as suffering from migraines at University of California, Davis Medical Center (UCDMC). She reported no medications have helped with her headaches, and when she is experiencing the headaches, she can feel something moving around in her head. Dr. Shaffer asked respondent why she did not seek medical leave when she was experiencing these medical problems while still working. She told Dr. Shaffer she did not do so “because that’s what they wanted me to do, and I did not want to.” She acknowledged that no physician has told her she has any medical condition or conditions that impair her from working as a nurse. Although she denied that she had any cognitive impairment while still working at MSJMC, she did note that her medical conditions impaired her functioning as a nurse toward the end of her tenure with the hospital.

21. Respondent told Dr. Shaffer that she is currently only receiving medical treatment from Joyce Johnson, M.D., an endocrinologist who runs the Wellness Institute of America located in Laguna Beach, California. Respondent also described Dr. Johnson as a nutritionist. Dr. Johnson has gone through hair and blood testing to detect poisons and toxics. Respondent reported that the testing revealed several toxic substances in her hair. Respondent told Dr. Shaffer that she started taking a special medication called NDF in January 2007, recommended by Dr. Johnson to get the poisons out of her system. She was looking forward to follow up testing to determine how much poison remains. Respondent provided Dr. Shaffer with some literature written by Dr. Johnson about detoxification, and Dr. Johnson’s diagnostic impressions and treatment plan.

22. Respondent’s psychological testing by Dr. Shaffer was actually interpreted by a psychologist who works with Dr. Shaffer, James Butcher, Ph.D. Since psychological testing was made an issue by respondent’s expert, the results bear review, particularly since the results were relied upon by Dr. Shaffer.

23. Dr. Butcher’s interpretation of respondent’s MMPI-II was that there was evidence of a thought disorder sufficient to warrant further evaluation. He described many responses indicative of “unusual thinking and bizarre ideas” that should be taken into consideration in any diagnostic formulation. He also noted that there were many indications of paranoid symptoms, and that a diagnosis of Paranoid or Acute Delusional Disorder or Paranoid Personality Disorder should be considered.

24. Dr. Butcher's assessment of respondent's MCMI-III was that there existed "strong evidence" that respondent has a delusional disorder, evidenced by symptoms such as mixed jealousy, persecutory beliefs, and ideas of reference. He found the test showed respondent's major complaints and behaviors are most suggestive of Delusional (Paranoid) Disorder and/or Generalized Anxiety Disorder on Axis I, and on Axis II (personality types and disorders) Narcissistic Personality Disorder with Paranoid Personality Features and Histrionic Personality Features. Dr. Shaffer did consider these test results in formulating his diagnoses and assessments.

25. Respondent told Dr. Shaffer she would like to return to work as a nurse. She told him she did not want to return to work in a hospital setting because her life might be in jeopardy due to her previous experience with being poisoned at MSJMC. She was not certain what other work setting might be safe and appropriate for her, but she believes she could function effectively in an appropriate setting. She expressed a desire to work in an alternative medical setting, where patients are treated with natural and herbal remedies, instead of with prescription medications, to help patients get better.

26. Dr. Shaffer confirmed his opinions and recommendations set forth just above in his evidentiary hearing testimony. He brought his opinions current to the time of the evidentiary hearing by assessing other opinions and evidence of respondent's psychiatric condition that have occurred since his evaluation. He pointed to psychiatric evaluations and treatment sessions with respondent's own psychiatrists that occurred after his evaluation as containing additional evidence that supported his diagnosis, opinions and conclusions.

### *Psychiatric Treatment*

27. Respondent received psychiatric care through the Kaiser Permanente Outpatient Psychiatric Clinic from August 9, 2005 through February 2, 2007. Her primary treater is Mary Wake, M.D. Dr. Wake's intake note for respondent's initial visit in 2005 reflects that respondent's chief complaint and reason for seeing Dr. Wake was that she had been to talk to an attorney, who advised her she needed to obtain a psychiatric evaluation before the attorney could pursue her case. There is no evidence that respondent has obtained any psychiatric care from the date of her last visit to Dr. Wake, on February 2, 2007, to the date of the evidentiary hearing.

28. Dr. Wake diagnosed respondent as suffering from "late onset Schizophrenia, paranoid Type, and Narcissistic PD traits." The diagnosis was made by Dr. Wake following earlier treatment sessions, and was confirmed following this most recent visit to Kaiser for which there are records in evidence, the February 2, 2007, office session. Dr. Wake recorded in her treatment notes for what turned out to be respondent's final session that respondent continued to refuse to take psychiatric medications she prescribed for respondent, despite advice that respondent's condition could be effectively managed with medication. Dr. Wake also noted respondent had only recently agreed to take half her recommended dose of thyroid medication, despite Dr. Wake's advice to respondent that her delusions and paranoia could be caused in part by low thyroid levels. Dr. Wake noted that respondent reported she refused

to take her recommended medications of Seroquel, Zyprexa and/or Risperdal after one dose each because she felt "really weird and sedated" and her blood pressure "went through the roof."

29. Respondent brought her junk mail to the February 2 session and asked if Dr. Wake thought there was anything strange about the amount of junk mail she received. She also raised the question of why several organizations have told her she won money. Dr. Wake noted respondent believing she had won a large sum of money either in the lottery or in the Publisher's Clearing House has been a prominent theme in previous office sessions with respondent. Dr. Wake noted a discussion that took place during the session about the need for respondent to take her psychiatric medications, or at least take one of the medications prescribed; but respondent expressed her determination to continue to refuse. Dr. Wake observed respondent's symptoms have improved since starting therapy with her, especially since starting back on her thyroid medication, which has enabled respondent "to spend more time in a neurotic rather than psychotic state."

30. Respondent's initial evaluation at Kaiser took place after an office session on August 9, 2005. Dr. Wake's initial impression was that respondent had perceptual disturbances, mild grandiose thinking, paranoia, expansive mood and labile affect. Dr. Wake suspected a late onset Schizophreniform or Schizoaffective disorder, Bipolar type. Respondent insisted she did not believe she had a psychiatric problem. Dr. Wake noted that respondent's denial of any of any problem made it difficult to formulate a treatment approach, especially since respondent refused to take medication. However, respondent did agree to a trial with an "atypical antipsychotic," Geodon. Laboratory studies and further tests were ordered to investigate whether a head injury respondent reported was a possible cause of some of her symptoms.

31. Following an office visit on October 21, 2005, Dr. Wake had formulated a working diagnosis of Schizoaffective Disorder, Bipolar Type, and Narcissistic Personality traits. Dr. Wake found respondent had decompensated a bit since her past visits, and blamed this on respondent's noncompliance with taking medication. Dr. Wake described respondent's "main themes" in that session as delusional beliefs about plots against her, somatic delusions about having been poisoned with Anthrax, and impaired insight and judgment.

32. During an office visit with Dr. Wake on November 8, 2005, respondent elaborated about her perceptions that she has been poisoned and is a victim of bioterrorism. She was noted to be continuing to be noncompliant with her medication regimen, and continuing to decompensate. She also told Dr. Wake she had been implanted with some form of electronic device.

33. The next office visit with Dr. Wake did not take place until eight months after the November 2005 visit. Dr. Wake saw respondent in an office therapy session on July 21, 2006. Dr. Wake modified her diagnosis to late onset Schizophrenia, Paranoid type, with Narcissistic Personality on Axis II. Dr. Wake noted respondent refused all medications.

During the session, respondent told Dr. Wake that she has a monitor in her body that alerts birds to chirp when she is near them. She described being monitored, perhaps by the federal government. She reported people avoid eye contact with her because they “know something.” She reported her primary care physician has been encouraging her to take antipsychotic medications. She also reported that cars speed past her home and that the cars are paid for by one of the hospitals, possibly MSJMC, and that the hospitals pay rent for people to live close to her so they can drive fast past her home as part of a plot against her. Dr. Wake observed that respondent was expressing and experiencing prominent paranoid and persecutory delusions, and that her insight and judgment were impaired.

*Evaluation by Jo Danti, Ph.D.*

34. Respondent was evaluated by psychologist Jo Danti, Ph.D., on August 19, 2008. Respondent retained Dr. Danti to evaluate her following the Prehearing Conference in this matter in an effort to support her claim that she is psychologically and psychiatrically fit to continue to practice nursing. In her curriculum vitae, Dr. Danti holds herself out as a specialist in “physical and sexual abuse, Borderline Personality Disorder, sexual harassment/employment discrimination and personal injury.” She claimed no experience in evaluating health care professionals for their psychological fitness to practice their professional duties safely.

35. Dr. Danti prepared a written report of her evaluation and testified for respondent at the evidentiary hearing. Dr. Danti opined in her report and in her evidentiary hearing testimony that she saw no evidence of any psychosis or psychotic process manifested in respondent’s presentation to her. On this basis, Dr. Danti opined that respondent should be able to work as a nurse, albeit with a nurse supervisor, to monitor her work for evidence of traits of some delusional behaviors revealed in her psychological testing.

36. Dr. Danti’s testimony was confused regarding what she understood her role to be in performing this evaluation. She was never able to articulate the standard for evaluation that is relevant to these proceedings. She stated in her written opinion that she evaluated respondent, “who was self-referred for a second opinion regarding fitness for duty.” Despite what she wrote in her report, she denied in her testimony that she was performing a fitness for duty evaluation. She acknowledged she had never performed a fitness for duty evaluation.

37. Dr. Danti testified repeatedly during the evidentiary hearing that she “was only performing a clinical evaluation.” When pressed for a more precise definition of what she meant by “clinical evaluation,” Dr. Danti’s responses were fluid, vague and personal. She defined a clinical evaluation as determining whether she saw any current evidence of psychotic processes through her clinical interview of respondent and her administration of psychological testing. She admitted all the foundational background information for her clinical evaluation came from “how the patient sees the problem.” She did not understand that the issue was whether respondent suffers from a mental disease or psychiatric condition that renders her unsafe to practice nursing. She confirmed at the end of her testimony that

she did not have an opinion whether respondent was presently psychologically safe to practice as a registered nurse, and testified that she would defer to a "RN supervisor" to assess respondent's ability to practice safely.

38. Dr. Danti did not review any collateral source materials before performing her "clinical evaluation" or forming her opinions. She confirmed she did not read Dr. Shaffer's report before she formed her opinion, any of respondent's employment records from MSJMC, any of Dr. Wake's treatment notes, or the Board's section 820 Order. She dismissed these external source materials as "irrelevant," testifying these outside information sources and other opinions were "not necessary for me to make my clinical evaluation." She made it clear that she purposefully avoided reviewing any of these collateral source materials before forming her opinion.

39. Dr. Danti's opinions were unpersuasive. The foundations of Dr. Danti's opinions were deficient and were refuted in several material respects. Dr. Danti assumed respondent's self-reports during the clinical interview were accurate without challenging any of those statements by reviewing collateral source information. Dr. Danti eschewed doing so, commenting in her testimony that she did not see her role as "finding the truth." This comment was telling. Failing to confirm whether respondent's self-disclosures were accurate badly eroded the foundation of her opinions. Her assessment of respondent's current psychological health and fitness was groundless without some confirmation, for example, that respondent's denials of delusions and paranoid thinking are accurate. Her assessment assumed the accuracy of respondent's disclosures without having made any effort to verify whether those assumptions were factually warranted.

40. Another foundational tenet of Dr. Danti's opinion was refuted by her own test findings. Dr. Danti's test results, excepting her interpretation of respondent's Rorschach testing, were inconsistent with and do not support her conclusions. Curiously, Dr. Danti's test findings on the MMPI-2 and the MCMI-III were quite similar to those obtained by Dr. Shaffer's psychologist. When asked to explain the evident consistency, she launched into a condemnation of psychiatrists trying to interpret their own MMPI and MCMI results. She failed to answer the question and then tried to reason away psychological test results indicative of delusional and paranoid thinking.

41. It became evident as Dr. Danti's testimony continued that her own predispositions tainted her opinions. Her generalized personal opinions about how persons similarly situated to respondent commonly react, i.e., persons embroiled in workplace disputes and subject to employment dismissal action and workplace conflicts with management colored her assessment. Dr. Danti liberally shared these generalized opinions in her testimony when asked about the foundations of her opinion. It was evident that her views of how persons generally react to the stress of workplace disciplinary and dismissal actions were the substrate upon which her opinions were founded and strongly colored her approach and opinions. Dr. Danti repeatedly dismissed rather striking examples of respondent's disclosures of delusional and paranoid thinking by attributing them to this generalized workplace stress and the product of conflict with superiors. She disregarded the

fact that respondent's disclosures of delusional and paranoid thinking were current in August 2008, and she had been out of the workplace setting since 2004. Respondent told Dr. Danti she was under surveillance, had been poisoned by coworkers, that she still sets off alarms in stores because she has a transmitter implanted in her body, that birds start chirping when she passes by, and that cars speed down her street when she walks out her front door. For example, after acknowledging respondent made these comments in the interview, Dr. Danti noted in the same sentence in her report that respondent denied any delusional thought processes, which Dr. Danti took as credible. Dr. Danti agreed in her testimony that the thoughts respondent reported "can be delusional," she nevertheless discounted them in favor of respondent's denial of delusional thoughts. Dr. Danti parsed, dismissed or reasoned around these disclosures made during her clinical interview and on her MMPI and MCMI testing. There was no evident effort to assess respondent's disclosures collectively as facets of respondent's overall thought processes.

42. Dr. Danti scolded psychiatrists for their focus on the MMPI-2 and MCMI-III, and those who do not use the "projective" Rorschach test, as she does. Dr. Danti acknowledged her MMPI and MCMI testing showed respondent to be "chronically maladjusted," having difficulty managing her anger, and that she expressed thoughts that she may have special mystical powers or a special mission in life that others do not understand or accept. The MCMI-III scored showed "reason to believe at least a moderate level of pathology characterizes the overall personality organization of this woman." Also found were "defective psychic structures" that allow her to "usually function on a satisfactory basis," but she "may experience periods of marked emotional, cognitive or behavioral dysfunction." Dr. Shaffer credibly and persuasively pointed out that these results are hardly the profile of a mentally healthy, stable personality. Dr. Danti dismissed these findings as inconsistent with her clinical interview and Rorschach results.

43. Dr. Danti ultimately placed the entire weight of her opinion on her Rorschach results, which she found were "within normal limits." Dr. Danti provided no detail regarding any individual responses or elaboration why she concluded the responses were "normal." She foreclosed any review of what she did in her testing or why she thought the responses were "normal." It became evident that the test was entirely subjective. She did acknowledge respondent's responses on the Rorschach revealed respondent's view of the world as a hostile place, where she does not trust others, especially those in authority. Later in her report, Dr. Danti comments, "Though she has expressed thoughts that reflect her suspiciousness and her sense of persecution, based on the current assessment, [respondent's] reality testing is within normal limits." When pressed, Dr. Danti acknowledged what Dr. Shaffer opined; that respondent's MMPI-2 and MCMI-III are suggestive of a delusional disorder. But Dr. Danti retreated to her Rorschach results, and claimed that respondent "did not express disorganized, distorted or bizarre perceptions that would rise to the level of psychosis." Dr. Danti, when attempting to explain the obvious contradictions in this portion of her report, and being asked whether her findings reflected here actually support Dr. Shaffer's conclusions, Dr. Danti responded, "Respondent does not appear to have the diagnosis attributed to her by Dr. Shaffer and Dr. Wake."

### *Respondent's Testimony*

44. Respondent testified at some length in support of her contention that she remains psychologically fit to practice as a nurse. She does not believe she would like to return to a hospital practice. She expressed an interest in nursing in alternative medicine, holistic practice or in performing nursing assessments for insurance work. She has enjoyed learning about Dr. Jamison's holistic and cleansing oriented practice, and would like to help people such as herself detoxify themselves and live healthier lives.

45. Respondent sat through Dr. Shaffer's testimony where he explained his diagnosis and testified that respondent's psychiatric condition can be well and successfully controlled through a medication regimen. Dr. Shaffer pointed out that the medical management of individuals with respondent's condition has been routinely successful with minimal side effects, and that those so managed frequently return to full employment, often in positions of trust and significant responsibility, with little trouble. He did point out that one of the more difficult manifestations of respondent's condition is that untreated, the person having this condition is often firmly convinced that medications are unnecessary and unwarranted. This trait tends to persist, making consistent medication compliance in early treatment a major obstacle. However, he also pointed out that such persons typically decompensate once or twice and suffer sufficient consequences that they change their view of the need for a consistent medication regimen, and come to accept that commitment to medication consistency long term is essential to successfully manage the condition. Dr. Shaffer testified that respondent experienced a couple of "crashes" under Dr. Wake's treatment, one of which resulted in a brief hospitalization. Dr. Shaffer was encouraged that respondent may have been moved toward acceptance of the need for the medication to manage her condition by these incidents, and pointed out a couple of Dr. Wake's treatment notes that seemed to confirm that opinion, reflecting an increased openness to trying the medications.

46. Despite hearing Dr. Shaffer's testimony, respondent made it clear in her testimony that she has no intention of taking any of the medications suggested by Dr. Shaffer or Dr. Wake. She is willing to try an alternative approach and has been attempting to do so through Dr. Jameson. The thyroid medication she is currently taking is an alternative medicine. There was some evidence that respondent's condition has improved somewhat since she has been taking what Dr. Wake described as a "half-dose" of the thyroid medication.

47. Respondent presented herself well throughout the several days of the evidentiary hearing. She was appropriate in dress and demeanor. She was reasonably well organized in the presentation of her case and in questioning witnesses, despite being a lay person representing herself. She diligently followed court instructions and made appropriate objections and offers of evidence in support of her claims. She made a cogent defense in support of her effort to call Dr. Danti and have her curriculum vitae admitted, over a vigorous motion to exclude both. She clearly understands what is at stake in this matter. She clearly had a plan for her presentation and she carried it out. Her questioning of witnesses,

although not extensive, was appropriate and relevant. She appeared to have managed the stress of a trial environment effectively, and did not react inappropriately when unflattering testimony and arguments about her were made. She testified at length in an organized and thoughtful fashion.

48. Nevertheless, respondent also confirmed in her testimony that a number of delusions she has described to other observers in the past are present tense matters, as are her expressions of paranoia. In addition, she described new and additional delusions and paranoid sounding experiences not previously reported through other sources.

49. For example, respondent confirmed that she is still the subject of continuous surveillance via a satellite that hovers directly over the garage to her house that beams transmissions through her Direct-TV satellite dish into her house through her television. She offered in evidence two current photographs of the satellite and two photos of the television dish receiver. She introduced a newspaper article describing a gunman who engaged in a shooting on her alma mater's campus, Northern Illinois University. She testified that the gunman killed people. She confirmed that she was not present, but testified that, "I took it as a personal attack on me and my university." She clipped and offered in evidence of a number of other articles because "it seemed like they pertained to me." One article refers to a person who was "punished for telling the truth." Another describes persons who had bad reactions to prescription drugs. Respondent claimed "I was one of these." One article described Yassir Arafat's death and attributed it to poisoning.

50. Respondent introduced another photo of a car that is "always parked outside of our house." She offered several photographs of pieces of china that she found "mysteriously broken" in the china closet in her home. She offered photographs of her sofa and the undersides of the cushions, where she testified blood stains mysteriously appeared and no one knows how the blood got on her sofa. Respondent also pointed out that one of the photos of the sofa depicts bugs on the pillows. She described these as "bugs like insects but not ants." Respondent offered a photo of a friend named Terri. Respondent testified that Terri told her that other persons told Terri that respondent has a sensor implanted in her hand. Respondent testified that Terri was one of several church friends who told her she had the sensor implanted in her hand.

51. Respondent confirmed that it is her belief that she is being watched. She was unable to provide any information regarding who is watching her other than "the federal government." She confirmed that it was her belief that her bosses at the hospital were always surveilling her when she worked there. She confirmed earlier reports that birds do start chirping when she walks by them, and described an incident that occurred on the campus of Sacramento State when birds started chirping loudly when she was walking with her son. She confirmed that an electronic device is implanted in her hand and still sets off alarms in department stores when she walks through the scanner portals. She described another incident when a dead bird "with blood coming out" was intentionally placed in her path. She has no idea who placed the bleeding bird or why. She also described an incident where she saw her mother on the television at 1:00 a.m. in a doctor's office. The doctor told



her she could not have her procedure because she did not take her medications. Later she talked to her mother about the incident. Her mother denied being on the television. One of her son's friends told her she won \$43 million in the lottery, which she plays "with a vengeance." Her winning money was also mentioned at church. The pastor said from the pulpit that "someone won a lot of money playing the lottery," and then the "searchlight" pointed at her. Respondent acknowledged she wrote a letter to her pastor inquiring about the incident and its reference to her. She testified that one reason she is being surveilled is to make sure she does not get her money. She has filed a claim with the unclaimed property division of the State Controller's office. She also remarked that her friends stay away from her because they are afraid they will also be watched. She described a recent instance when she and a friend were driving to the friend's home, and when two jets flew over, the friend commented that respondent was being provided a police escort. She concluded by describing an incident when she was still working at MSJMC where a coworker asked her if she knew anything about Abu Grabe. The friend did not say why she asked, but it made respondent think her situation was similar to Abu Grabe.

52. Respondent testified that one of the reasons she will not take pharmaceutical medications is that she has suffered terrible side effects. She continues to believe the thyroid medication poisoned her. She "got huge" with unwanted weight gain and her skin got very dark and dry. The psychotropic medications prescribed by Dr. Wade were discontinued after a day because "they made me feel like a zombie." She continues to explore detoxification and alternative medication treatment with Dr. Jamieson, her alternative medicine physician. There was no evidence from Dr. Jamieson regarding her treatment of respondent or respondent's prognosis.

53. The Accusation/Petition seeks the recovery of costs of investigation and enforcement, pursuant to Business and Professions Code section 125.3. No evidence was presented in support of the allegation.

## LEGAL CONCLUSIONS

1. Business and Professions Code section 820 provides:

Whenever it appears that any person holding a license, certificate or permit under this division or under any initiative act referred to in this division may be unable to practice his or her profession safely because the licentiate's ability to practice is impaired due to mental illness, or physical illness affecting competency, the licensing agency may order the licentiate to be examined by one or more physicians and surgeons or psychologists designated by the agency. The report of the examiners shall be made available to the licentiate and may be received as direct evidence in proceedings conducted pursuant to Section 822.

2. Business and Professions Code section 822 provides as follows:

If a licensing agency determines that its licensee's ability to practice his or her profession safely is impaired because the licensee is mentally ill, or physically ill affecting competency, the licensing agency may take action by any one of the following methods:

- (a) Revoking the licensee's certificate or license.
- (b) Suspending the licensee's right to practice.
- (c) Placing the licensee on probation.
- (d) Taking such other action in relation to the licensee as the licensing agency in its discretion deems proper.

The licensing agency shall not reinstate a revoked or suspended certificate or license until it has received competent evidence of the absence or control of the condition which caused its action and until it is satisfied that with due regard for the public health and safety the person's right to practice his or her profession may be safely reinstated.

3. Business and Professions Code sections 2764 and 2811, subdivision (b) provide that the Board may take disciplinary action against an expired license up to and including a period of eight years from the date of the expiration.

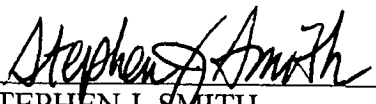
4. As set forth in the Factual Findings, respondent suffers from a psychiatric condition that negatively affects her ability to practice safely as a registered nurse. The condition is medically treatable, but respondent to date has refused to consistently take the medications required to stabilize and manage her condition. Dr. Shaffer's report, admitted pursuant to section 820, and his testimony, stood effectively un rebutted. Dr. Danti's opinions were far less credible and persuasive, and even she noted that respondent would require close supervision if she was practicing as a registered nurse to monitor her behavior. Respondent holds in her hands the key to whether she will be able to return to practice as a registered nurse. Respondent had a long record of competent and effective practice before suffering what Dr. Wake and Dr. Shaffer both described as a late in life onset of a troubling psychiatric illness. Both Dr. Shaffer and Dr. Wake are of the opinion that respondent's condition can be medically managed and that she has the potential to practice as a nurse again in the future, providing she establishes a sufficient track record of consistency on appropriate medication and an appropriate period of time free from paranoid and delusional thought patterns. Respondent is in the position of holding the key to her own future. At the present, she has decided she would rather not practice nursing and be licensed that to take the medications Dr. Wake prescribed, or successfully prove an alternative is effective.

5. As set forth in the Factual Findings, no evidence was offered in support of the allegation in the Accusation/Petition seeking the recovery of costs of investigation and enforcement, pursuant to Business and Professions Code section 125.3. Therefore, no award of costs is made.

#### ORDER

Registered Nurse license number 312354, issued by the Board of Registered Nursing to Brenda J. Stagg, is REVOKED. Respondent's license may be reinstated during a period of five (5) years following the effective date of this Decision, if respondent presents satisfactory evidence to the Board that the conditions set forth in Business and Professions Code section 822, subdivision (d) are met. Respondent shall also present a plan for updating and refreshing her nursing skills to meet current standards of care as a condition precedent to any return to active practice. If the conditions are not met within five (5) years of the effective date of this Decision, the revocation of the license shall become final without further notice or hearing.

DATED: November 20, 2008

  
STEPHEN J. SMITH  
Administrative Law Judge  
Office of Administrative Hearings

1 EDMUND G. BROWN JR., Attorney General  
of the State of California  
2 ARTHUR TAGGART  
Supervising Deputy Attorney General  
3 LESLIE A. BURGERMYER, State Bar No. 117576  
Deputy Attorney General  
4 California Department of Justice  
1300 I Street, Suite 125  
5 P.O. Box 944255  
Sacramento, CA 94244-2550  
6 Telephone: (916) 327-7868  
Facsimile: (916) 324-5567  
7

8 Attorneys for Complainant

9  
10 **BEFORE THE**  
**BOARD OF REGISTERED NURSING**  
11 **DEPARTMENT OF CONSUMER AFFAIRS**  
**STATE OF CALIFORNIA**

12 In the Matter of the Accusation Against:

Case No. 2008-143

13 **BRENDA J. STAGG, aka**  
**BRENDA JOYCE STAGG, aka**  
14 **BRENDA J. GEORGE, aka**  
**BRENDA JOYCE GEORGE**  
15 3345 Nut Plains Drive  
Sacramento, California 95827  
16

Registered Nurse License No. 312354

Respondent.

**A C C U S A T I O N**

17  
18  
19 Ruth Ann Terry, M.P.H., R.N. ("Complainant") alleges:

20 **PARTIES**

21 1. Complainant brings this Accusation solely in her official capacity as the  
22 Executive Officer of the Board of Registered Nursing ("Board"), Department of Consumer  
23 Affairs.

24 **Registered Nurse License**

25 2. On or about February 29, 1980, the Board issued Registered Nurse License  
26 Number 312354 to Brenda J. Stagg, also known as Brenda Joyce Stagg, Brenda J. George, and  
27 Brenda Joyce George ("Respondent"). The Registered Nurse License will expire on April 30,  
28 2009, unless renewed.

## JURISDICTION

3. Section 2750 of the Business and Professions Code ("Code") provides, in pertinent part, that the Board may discipline any licensee, including a licensee holding a temporary or an inactive license, for any reason provided in Article 3 (commencing with Code section 2750) of the Nursing Practice Act.

4. Code section 2764 provides, in pertinent part, that the expiration of a license shall not deprive the Board of jurisdiction to proceed with a disciplinary proceeding against the licensee or to render a decision imposing discipline on the license. Under Code section 2811, subdivision (b), the Board may renew an expired license at any time within eight years after the expiration.

5. Code section 820 states:

Whenever it appears that any person holding a license, certificate or permit under this division or under any initiative act referred to in this division may be unable to practice his or her profession safely because the licentiate's ability to practice is impaired due to mental illness, or physical illness affecting competency, the licensing agency may order the licentiate to be examined by one or more physicians and surgeons or psychologists designated by the agency. The report of the examiners shall be made available to the licentiate and may be received as direct evidence in proceedings conducted pursuant to Section 822.

## STATUTORY PROVISION

6. Code section 822 states:

If a licensing agency determines that its licentiate's ability to practice his or her profession safely is impaired because the licentiate is mentally ill, or physically ill affecting competency, the licensing agency may take action by any of the following methods:

(a) Revoking the licentiate's certificate or license.

(b) Suspending the licentiate's right to practice.

(c) Placing the licentiate on probation.

(d) Taking such other action in relation to the licentiate as the licensing agency in its discretion deems proper.

The licensing agency shall not reinstate a revoked or suspended certificate or license until it has received competent evidence of the absence or control of the condition which caused its action and until it

1 is satisfied that with due regard for the public health and safety the  
2 person's right to practice his or her profession may be safety reinstated.

3 **COST RECOVERY**

4 7. Code section 125.3 provides, in pertinent part, that the Board may request  
5 the administrative law judge to direct a licensee found to have committed a violation or  
6 violations of the licensing act to pay a sum not to exceed the reasonable costs of the investigation  
7 and enforcement of the case.

8 **FACTUAL BACKGROUND**

9 8. On or about November 21, 2006, in an effort to determine whether or not  
10 Respondent was mentally ill to the extent that her condition affected her ability to safely practice  
11 Registered Nursing, the Board filed a Petition for an Order to Compel Psychiatric Examination in  
12 accordance with Code section 820.

13 9. On or about February 22, 2007, Respondent complied with the Board's  
14 Order and was interviewed by Charles B. Schaffer, M.D, Diplomate, American Board of  
15 Psychiatry and Neurology, at his office. Dr. Schaffer's reported findings include the following:

16 a. Respondent has a chronic and severe psychiatric disorder. The most likely  
17 diagnosis of this disorder is Schizoaffective Disorder, Bipolar Type. Other possible diagnoses  
18 are Bipolar I Disorder with Psychotic Features and Schizophrenia, Paranoid Type. Dr. Schaffer  
19 went on to say that the symptoms of this disorder are delusions (somatic, bizarre, paranoid and  
20 grandiose), thought disorganization, disturbance of mood, pressured speech, lack of insight, and  
21 impaired judgment.

22 b. The symptoms of Respondent's psychiatric disorder, as set forth in  
23 subparagraph a, above, are not under adequate control at the current time because Respondent  
24 declines to take appropriate medication for her disorder which has been recommended by her  
25 psychiatrist.

26 c. Respondent lacks the ability to practice safely as a Registered Nurse  
27 because of the symptoms of her psychiatric disorder and that her psychiatric prognosis is poor as  
28 long as she is not receiving any medication treatment for her psychiatric disorder.

1 d. Respondent should not resume her practice as a Registered Nurse until she  
2 is receiving appropriate medication treatment for her disabling psychiatric disorder under the  
3 supervision of a qualified psychiatrist, and that psychiatrist has confirmed in writing that  
4 Respondent has experienced a satisfactory response to this treatment.

5 **CAUSE FOR DISCIPLINE**

6 (Mental Illness Affecting Competency)

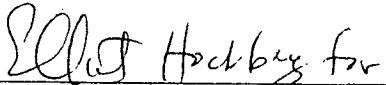
7 10. Respondent is subject to discipline under Code section 822, in that  
8 Respondent's ability to practice her profession of Registered Nursing safely is impaired due to  
9 mental illness affecting her competency, as more particularly set forth in paragraph 9, subpara-  
10 graphs a through d, above.

11 **PRAYER**

12 WHEREFORE, Complainant requests that a hearing be held on the matters herein  
13 alleged, and that following the hearing, the Board of Registered Nursing issue a decision:

- 14 1. Revoking or suspending Registered Nurse License Number 312354, issued  
15 to Brenda J. Staggs;  
16 2. Ordering Brenda J. Staggs to pay the Board of Registered Nursing the  
17 reasonable costs of the investigation and enforcement of this case, pursuant to Code section  
18 125.3; and,  
19 3. Taking such other and further action as deemed necessary and proper.  
20

21 DATED: 10/25/07

22  
23   
24 RUTH ANN TERRY, M.P.H., R.N.  
25 Executive Officer  
26 Board of Registered Nursing  
27 Department of Consumer Affairs  
28 State of California  
Complainant